



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E268993**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-02267
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	09 - 10 - 2013	TIME (2400)	1746	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
20TH ST NE	BLOCK NO. <input checked="" type="checkbox"/>	11800
MILE POST		
DISTANCE		OF (REFERENCE OR CROSS STREET)
118TH AVE NE		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE	D: 4256225410
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LAST NAME	FUCHS	FIRST NAME	BENJAMIN	MIDDLE INITIAL	J
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STREET NEW ADDRESS	3414 171ST AVE SE
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CITY	SNOHOMISH	ST	WA	ZIP	982904303
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FUCHSBJ073DB	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03 - 02 - 1993
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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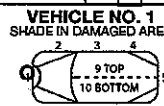
LICENSE PLATE #	109ZJH	STATE	WA	VIN#	3VWFA81H6WM245477
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1998	MAKE	VOLK	MODEL	GOL4D	STYLE	4H	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	PATRICIA FUCHS 3302 LOMBARD AVE EVERETT WA 98201
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4252806002
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LAST NAME	SHULER	FIRST NAME	JUANITA	MIDDLE INITIAL	P
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STREET NEW ADDRESS	12304 28TH PL NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982588433
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CDL	RESTRICTIONS	ENDORSEMENTS	P
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DRIVER'S LICENSE #	SHULEJP484QD	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11 - 04 - 1954
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	BACK OF HEAD
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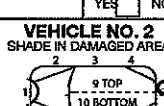
LICENSE PLATE #	RS08714	STATE	WA	VIN#	2D4RN4DG4BR715107
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2011	MAKE	DODG	MODEL	GRCARA	STYLE	VN	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	COMMUNITY TRANSIT 7100 HARDESON RD EVERETT WA 98203
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	M. HINGTGEN	BADGE OR ID #	126	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E268993**

CASE # **13-02267**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

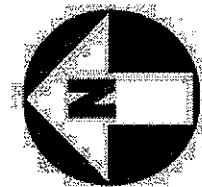
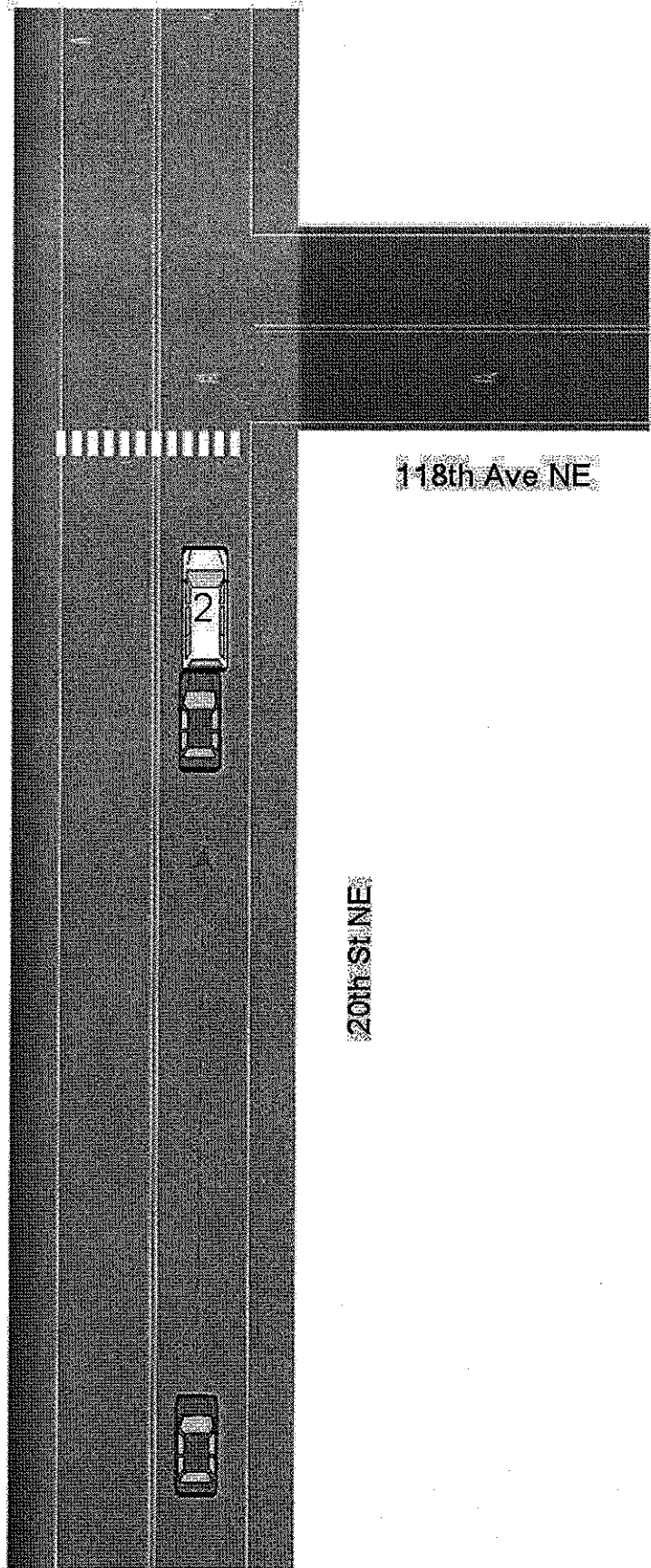
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>BOGGIE MARIANNE</b>																
ADDRESS & PHONE #		<b>2201 112TH DR NE LAKE STEVENS WA 982580000 4254785468</b>																
SEX		F		D.O.B. MMDDYYYY		12		07		1964								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Driver #2 was slowing for pedestrians in a crosswalk in the 11800 blk of 20th St NE. Driver #1 was approaching from the rear. Driver #1 stated that he took his eyes off of the road momentarily and saw brake lights. Driver #1 struck Driver #2 in the back end of the vehicle. Both vehicle were driven off of the roadway and no tow trucks were needed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

<b>M. HINGTGEN</b>		<b>09-11-13 01:27 AM</b>	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
DATED		PLACE SIGNED	
APPROVED BY		DATE	
<b>RON BROOKS 013</b>		<b>9/11/2013 6:24:02 AM</b>	
BADGE OR ID #	<b>126</b>	ORI #	<b>WA0311900</b>
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
<b>5:46 PM</b>		<b>5:52 PM</b>	



\*Not to Scale\*

Incident History for: #SS13020284

Case Numbers: \$SS13002267

Entered 09/10/13 17:46:46 BY SPCT05 SP0325  
Dispatched 09/10/13 17:47:37 BY SPDP17 SP0333  
Enroute 09/10/13 17:47:37  
Onscene 09/10/13 17:52:36  
Closed 09/10/13 18:11:11

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377H-6 Group: SS1 Beat: NORT

Src: T

Loc: 118 AV NE/20 ST NE , LKS (V)

Loc Info:

Name: SCHULER JAUNITA

Addr:

Phone: 4252806002

/1746 (SP0325) ENTRY , CC, NON INJ NON BLKING, WHI COMM TRANSIT VANPOO  
/1747 (SP0333) AGCADV , BCST  
/1747 DISPER SS1942 #SS126 HINGTGEN, OFFICER (MICHAEL)  
/1752 ONSCNE SS1942  
/1802 ASNCAS SS1942 \$SS13002267  
/1811 CLEAR SS1942 D/H  
/1811 CLOSE SS1942

LSPD  
ORIGINAL